

CONCLUSIONS

Experiences with reserpine and chlorpromazine led to the following impressions:

Tranquilizing drugs are valuable adjuncts to therapy, but the serious hazards associated with them must not be underestimated on overcrowded, understaffed wards.

As long as we have before us the goal of suppression of symptoms and not the treatment of the sociobiological entity of the patient, we can claim only partial results and we must be prepared to treat recurrences of illness.

Reserpine, but not chlorpromazine, appears to cause a lowering of the same lipoprotein molecules in the blood as desiccated thyroid, but not in the same manner.

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REFERENCE

1. Strisower, B., Gofman, J. W., et al.: Effect of long-term administration of desiccated thyroid on serum lipoprotein and cholesterol levels, *J. Clin. Endoc. & Metab.*, Vol. XV, No. 1, Jan. 1955.

Correction

In the article, "Surgical Treatment of Pulmonary Tuberculosis—A Decade of Change," by John S. Chambers, M.D., in the June 1956 issue of *CALIFORNIA MEDICINE*, an error was made in the printing of the summary. The phrase, "in favor of extraperiosteal plombage, particularly in older, poor risk patients," which appeared at the end of the third paragraph of the summary, should have been printed at the end of the fourth paragraph instead.

The third and fourth paragraphs should read:

Pneumoperitoneum has replaced other forms of temporary collapse. Pneumothorax, phrenic nerve interruption and pneumonolysis have been abandoned.

The use of permanent collapse measures as definitive treatment has decreased, thoracoplasty and extrapleural pneumothorax having been virtually abandoned in favor of extraperiosteal plombage, particularly in older, poor risk patients.